

MUA/MUP DESIGNATION REQUEST WORKSHEET**TYPE OF DESIGNATION**

- ☐ 1. MUA
- ☐ 2. MUP POPULATION GROUP - INDEX APPROACH

A. Rational Service Area

1) County: _____ MSSA #/Name: _____

Census Tract: _____

B. Criteria**1) Population**

Resident/Civilian	_____	Source	_____
Migrant/Seasonal Farmworker	_____	Source	_____
Other (If any)--(200%)	_____	Source	_____
Total population	_____	Source	_____

2) Primary Care Physicians (PCPs)

Number of PCPs	_____	Source	_____
FTE PCPs	_____	Source	_____
Population to FTE PCP Ratio	_____		
FTE PCPs per 1,000 Pop.	_____		

3) Percent/Rate

Percent population below poverty	_____	Source	_____
Percent population 65+	_____	Source	_____
Infant Mortality Rate	_____	Source	_____

C. Index of Medical Underservice

<i>Criteria</i>	<i>Percent/Rate</i>	<i>Weight</i>
1) Percent population below poverty		
2) Percent population 65+		
3) Infant Mortality Rate		
4) FTE PCPs per 1,000 Population		
	TOTAL IMU	